

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

=62-015329

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 2193

FILED MAY 7 1962

PLACE OF DEATH
COUNTY JACKSON

b. CITY (If outside corporate limits, give TOWNSHIP only)

OR TOWN KANSAS CITY

Length of stay in 1b

3 YRS.

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE MISSOURI

b. COUNTY JACKSON

Inside Limits

Yes ☒ No ☐

c. CITY

OR TOWN KANSAS CITY

Reside on Farm

Yes ☐ No ☒

d. STREET ADDRESS

(If outside, give location) 7306 WYANDOTTE

3. NAME OF DECEASED
(Type or print)

First

LON

Middle

LEWIS

Last

4. DATE OF DEATH

Month

APRIL

Day

19

Year

1962

5. SEX

MALE

6. COLOR OR RACE

WHITE

7. Married ☐ Never Married ☐Widowed ☒ Divorced ☐

8. DATE OF BIRTH

6-2-1879

9. AGE (last birthday)

87

IF UNDER 1 YEAR

Months

Days

IF UNDER 24 HR

Hours

Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

JUDGE

10b. KIND OF BUSINESS OR INDUSTRY

POLICE DEPT.

11. BIRTHPLACE (City and state or country)

ALTONA, MO.

12. CITIZEN OF WHAT COUNTRY

U. S. A.

13a. FATHER'S NAME

William LEWIS

13b. MOTHER'S MAIDEN NAME

MARTHA SMITH

14. NAME OF HUSBAND OR WIFE

WINNIE H. LEWIS

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of service)

No

16. SOCIAL SECURITY NO.

17. INFORMANT

Address

9 MRS. SOPHIA JENKINS 7306 WYANDOTTE

18. CAUSE OF DEATH (Enter only one cause per line)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Coronary Occlusion

INTERVAL BETWEEN ONSET AND DEATH

2 da

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

Cardio-Vascular disease

Unknown

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY PERFORMED?
YES ☐ NO ☒20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY
Hour a.m.
p.m.

Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from Sept 4, 1959 to April 19, 1962 and last saw him alive on April 19, 1962

Death occurred at 8:20

a. on the date stated above, and to the best of my knowledge, from the causes stated.

22. SIGNATURE

(Degree or title)

Orval J. Needels M.D.

22b. ADDRESS

7400 Wornall K.C., Mo April 20-62

22c. DATE SIGNED

23a. BURIAL, CREMATION, REMOVAL (Specify)

REMOVAL

23b. DATE

4-21-1962

23c. NAME OF CEMETERY OR CREMATORY

HIGGINSVILLE CEMETERY

23d. LOCATION (City, town, or county)

HIGGINSVILLE, MISSOURI

(State)

24. FUNERAL DIRECTOR

ADDRESS

WORNALL FUNERAL HOME INC. K.C. Mo

25. DATE RECD. BY LOCAL REG.

4-20-62

26. REGISTRAR'S SIGNATURE

Ruth Long

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

BY AFFIDAVIT OF
Orval J. Needels

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Andrew B. Baird

Licensed Embalmer No. 4888

P. O. Address LC 24, MO.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.